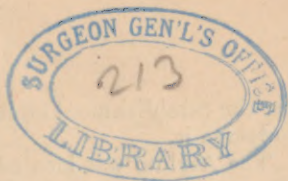


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FUTURE PROVISION FOR THE INSANE IN MICHIGAN.

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Previous to the opening of the Asylum for the Insane at Kalamazoo, in 1859, no State provisions existed in Michigan for the care of the insane. In a State of little less than seven hundred thousand inhabitants, they were cared for in county-houses, jails, cells, strong rooms, or log pens; or they were suffered to wander aimlessly and irresponsibly about the country, a terror to children and unprotected females. Every family was exposed to the peril of visits by night and day from restless, vagrant lunatics, and numerous accidents to life and property resulted from a neglect to take proper care of these irresponsible persons. Women were permitted to go half-naked about the streets, indulging in loud, profane or obscene conversation, followed by crowds of school children to whom the sight was already too familiar. It is noteworthy that the first to urge the erection and equipment of a State asylum for the insane were the superintendents of the poor, whose labors were much increased by the presence of insane persons in county-houses. They felt the need of a special institution as no other persons in the State, and the memorials and personal efforts of the superintendents of the poor of Kent, Saginaw, and Wayne counties doubtless had more to do with the establishment of an asylum for the insane than any other agency. Insane people were not exclusively confined in county-houses; many jails were filled with them. In one instance eighteen insane persons were reported as occupying a single jail at various times and for varying periods during a single year.

Private patients, or patients whose friends were in a condition to procure treatment for them, were subjected to the expense and hardships of a journey to distant eastern States. Many of the private class were treated at Utica, N. Y., Brattleboro, Vt., and at the Hartford Retreat. In a number of instances, such patients reached these distant institutions in a dying condition. A prominent citizen of one of our western counties died in a railroad station at Utica, N. Y., on his way to the asylum at that place. The pressure of public opinion for the establishment of an asylum for the insane became so great that Gov. Ransom, in 1848, in his annual message to the Legislature recommended the measure. A bill was accordingly passed at that session

for the establishment of such an institution, and commissioners were appointed to locate it.

The Asylum was located at Kalamazoo in 1850 and plans were matured for the construction of a building. As a preliminary measure, an effort was made to ascertain the number of insane in the State. By the census of 1850 the population of Michigan was 397,654. According to the returns in the office of the Secretary of State for that year, the number of insane in the State was 120; males 63, females 57. It is of interest to note the counties in which they resided and the respective numbers from each county: Berrien 6, Branch 4, Calhoun 3, Cass 3, Genesee 5, Hillsdale 4, Ingham 1, Jackson 4, Kent 7, Lenawee 12, Macomb 11, Monroe 5, Oakland 18, Shiawassee 1, St. Clair 1, St. Joseph 4, Washtenaw 19, and Wayne 12. Nothing can better illustrate the growth of the State and the increase of the burden of insanity in thirty years than the above. Delays in the erection of the building occurred from a variety of reasons. No money had been appropriated outright, but swamp lands—that never-failing resort when the Legislative conscience was tender upon any question of public duty and money was not available—had been set aside for sale. These lands were not readily sold. Money was difficult to procure. The necessities of the insane of the State were imperfectly understood. The magnitude of the task was misapprehended and the undertaking was commenced on a scale wholly incommensurate with it. The corner stone of the asylum was not laid until 1854, and the building was not completed to receive any patients until 1859, and then accommodations were furnished for only one hundred persons. In 1857 a second careful inquiry had been made as to the number of insane in the State and it was found that upwards of three hundred then required asylum treatment. In 1860 it was computed that there were seven hundred insane persons who needed asylum provision. To accommodate this number only one hundred beds existed at the institution at Kalamazoo. The breaking out of the war delayed further provision for the insane. Money to complete the Asylum at Kalamazoo was appropriated by dribblets and the high prices incident to the war rendered these insufficient appropriations of little avail, so that the whole building, with a capacity of three hundred patients, was not completed and occupied until 1870. By this time the number of insane in the State requiring asylum treatment had increased to at least twelve hundred. The inadequacy of the institution at Kalamazoo was so apparent that in 1871, the enlargement of the Asylum was authorized and its capacity nearly doubled. In 1873 the Eastern Michigan Asylum was established. It was located the next year at Pontiac and the erection of the building commenced. In 1878 this building was completed for the reception of patients. Its original capacity was three hundred and thirty, but within a year it gave accommodations to upwards of four hundred persons.

In 1878 a new law went into effect by virtue of which, cases of chronic insanity who had been supported at the Asylums for two years, at the expense of the county from which they originally came, were transferred to State expense. The framers of this act believed that the opening of the Asylum at Pontiac would give ample accommodations to all the insane of the State, and the legislation referred to, looked to their care in State institutions. Previous to this time a mixed system of provision had existed. In almost every county, provision for the care of the insane had been made in connection with the county-houses. In the majority of cases, this took the form of a few strong rooms in the county-houses. In a few counties like Washtenaw, Wayne, Allegan, Calhoun, Cass, and Oakland, separate buildings had been erected for

the custodial care of the insane. Many county officers looked upon the Asylums as places of last resort to which the most violent, degraded, dangerous, and often the most incurable patients alone were to be sent. As the accommodations there provided were very much less than the requirements of the State, it had long become necessary to practice a system of exchange. Patients partially restored or who had become quiet through prolonged treatment were taken to county-houses, and their places supplied by those who had become furious, intractable, or dangerous through long continued insanity or through neglect of proper treatment. The Asylum at Kalamazoo consequently became filled up with a most dangerous and violent class of patients, and the reception of cases of recent disease was well nigh impossible.

The violent patients above referred to, could not be taken home, and their condition was such that there was no possibility of recovery. There grew up in consequence a constant struggle between the friends of those patients who suffered from curable forms of disease, and who desired to procure treatment for them, and the friends of those who suffered from incurable forms of disease. The former demanded that the latter should be sent away from the Asylum in order that the institution might receive those patients for whose care it was originally erected. No person who did not daily observe the working of this system can form any conception of the anxiety and care which this mixed system of providing for the insane, as it may be called, engendered. Unpleasant feeling grew up against the Asylum at Kalamazoo, because of the failure to take recent cases of insanity. These were either sent to county-houses, where they received no treatment, or were retained at home until they became incurable. As a result, the number of incurably insane in the State rapidly increased, and notably so in those counties where the county system had existed the longest. The great harm resulting from the existence of these county institutions was that they attracted to them undemonstrative insane persons. As long as patients were quiet and gave little trouble, they were cared for in these establishments, and the county officers hesitated to send them to the Asylum, when they knew that they must be replaced by violent and dangerous lunatics. Treatment, consequently, in almost every instance was long delayed, and asylum treatment was not thought of until a change had occurred in the condition of the previously quiet patient, by which he became homicidal, suicidal, or otherwise dangerous to himself or to others. The chronic cases in the Asylum were selected over and over again until further selection and removal from the Asylum became impossible. Even, if under the stimulus of an especially urgent case, a chronic case of the violent and dangerous class was removed, application was soon made for his return, and a failure to receive him into the Asylum again, involved great hardship to the county officers, and great discomfort to all persons who were in any way connected with the county-house. Under the law of 1878, at the opening of the Pontiac Asylum, cases of chronic insanity became State charges, and it was made for the interest of all counties to treat their insane as promptly as possible in the State Asylums. If these patients recovered, the county was soon relieved of the expense of treatment. If they did not recover in two years' time, their expenses became chargeable to the State, and the county was no longer burdened with them. Coupled with this provision was another declaring it to be a misdemeanor to confine any insane person in a county-house when State provision existed sufficient for all the insane of the State. This legislation looked to the breaking up of the former system of county receptacles.

The majority of the counties accepted this legislation in good faith, and transferred their patients to one or the other of the State Asylums. There were many advantages in this arrangement. The vexed question of the removal of chronic cases from the Asylum to make room for other cases was at once set at rest. Friendless patients were not taken from State Asylums to make room for those who had influential friends; nor were patients possessed of influential friends retained in the Asylums, and the friendless taken away to the county-houses. The county-houses, themselves, were vastly benefited by the removal of insane persons. In the opinion of the Board of Corrections and Charities, no other single measure has tended so much to improve their condition throughout Michigan as the transfer of the insane to the Asylums. It may also be added that the effect upon the communities wherein the county-houses are located, has been equally good. The unpreventable improprieties which surely exist under a system where the only effort is to give custodial care at the least possible rate, with the resulting demoralization of the community, exist no longer. This arrangement, also, has its disadvantages. The tendency has been to accumulate patients in the Asylums. Many patients who might possibly have been cared for at home by friends, have been allowed to remain in the asylums because it was felt that they had good homes where they were certain of care and considerate treatment during the remainder of life. If removed there was a possibility that they might not always remain comfortable. Their care in any event would necessitate self-sacrifice and personal devotion, and to many friends and relatives it seemed best "to let well enough alone." In some instances patients have become State charges who afterwards came into the possession of property. As no provision of law exists to compel them to reimburse the State, there are now in the Asylums a number of patients possessing independent means, whose expenses are paid by the State. In one instance a sister of a patient, reasoning that he was now well cared for, clothed, fed, and supported at the expense of the State, left a legacy of a thousand dollars with which to erect a tomb to keep his remains safe from grave robbers after death. In another instance the income of twenty thousand dollars is accumulating in the hands of a guardian who declines to pay over any portion of it for the board and maintenance of his ward, because the State has assumed his care.

The expectation formed in 1878 as to the sufficiency of asylum accommodation for all the insane of the State has not been realized. With provision for a thousand people there have not been at any time less than fifteen hundred requiring care. Since 1880 the difficulty of finding room for recent cases at Pontiac and at Kalamazoo has involved great anxiety to the officers of these Asylums. The public necessity became so apparent in 1881 that a new Asylum was established, which is now in course of erection at Traverse City. In 1882 an Asylum for insane criminals was established in connection with the Reformatory at Ionia, but this has not yet been erected. To-day circulars from the trustees of both Asylums in Michigan are in the hands of county officers notifying them that no patients can be admitted to either of the Asylums until vacancies occur by the discharge of patients already under treatment. By a formal action of both Boards it has become necessary that every applicant for admission be registered so that preference may be given to patients requiring treatment most urgently. The causes of this increase of insanity, beyond the ability of the State to furnish asylum treatment, are well worthy of careful consideration. The foremost unquestionably is the rapid increase of the State in population. From 1860 to 1880 the increase was

about a million; from 1870 to 1880 about six hundred thousand. Institutions planned for a State of half a million must necessarily be inadequate to meet the demands of a State containing nearly two millions of inhabitants. Another cause is undoubtedly an increase of insanity out of proportion to the increase of population. Our present high pressure methods of education, the demands of business, and of social life; the keen competition of conflicting interests, the unhealthy stimulation to constant labor from an ardent desire to become rich, which affects all classes of society irrespective of previous health, nervous constitution or training, these and many other agencies all tend to exhaust the physical and mental energies of our people. A climate constantly stimulating to effort, and permitting unremitting labor every day of the year must also be considered another efficient cause of overwork. The peculiar geographical location of Michigan favors a comparatively rapid increase in the number of insane by emigration. Our State is on the border of the Dominion of Canada and affords especial advantages for the coming of the restless, the discontented, the unstable in mind, and the victims of vagrant impulses. The wild life of the lumberman, the irresponsible freedom of the lumber camp, the lack of constraint, which is possible in communities composed largely of men, are peculiarly fascinating to persons who have suffered from attacks of mental disease, or who have partially recovered from insanity. The character of the work in a lumber camp also is such as to be performed under direction by persons of unsettled minds and of limited intelligence. The records of the border cities and towns like Detroit, Port Huron, Bay City, Saginaw, Tawas City, Alpena or Cheboygan, show that many insane persons are picked up each year in these cities and towns who have wandered across the border from Canada. In addition to this, there has been during the past few years, a large emigration from Canada. The vast majority of these emigrants have been industrious, frugal, reputable citizens. Many of them, however, have brought with them irresponsible insane or defective friends. During the past five years, a large number of insane persons have been admitted to the Asylum at Pontiac who were insane when they left Canada. Under the circumstances it is inevitable that the proportion of the insane to the healthy population of Michigan must increase as long as Michigan offers a field for emigrants of the class mentioned.

It is difficult at the present time to form more than an approximate idea of the number of insane in the State who require asylum treatment. In 1880 there were, according to the U. S. census returns, 2,796 insane persons in the State of Michigan. Of these 1,122 were in asylums for the insane; 392 were in alms-houses, and 1,282 were at home. Counting one insane person as requiring asylum treatment to each thousand inhabitants (a low estimate) there exist in the State to-day 1,900 or 2,000 insane persons. To accommodate them, there are provided at Kalamazoo beds for 600 patients; at Pontiac for 540; at Wayne for 200; and at the Michigan Retreat, a private institution, for 60 persons; a total of 1,400. This leaves 600 still unprovided for. This number will increase at least 50 each year. The institution at Traverse City, designed for four hundred persons, when completed will be filled up immediately. The problem before us for consideration is, what shall be done when the institution at Traverse City is completed and occupied. How shall the insane of the State continue to be cared for? What shall the future policy of the State be towards this unfortunate class? A variety of remedies have been suggested for the present state of affairs. It has been proposed to return to the county system of providing for the insane. It is claimed that State

provision is a failure, that it is inadequate because only made under the stimulus of necessity, and is always so far short of the requirements of the insane that whenever an institution is completed, it is immediately filled. It is alleged that counties can take care of their own chronic insane more cheaply, and with equal efficiency, and that cases of chronic insanity should be returned to county-houses to make room for those suffering from recent forms of mental disease. The disadvantages of the county system may briefly be stated. There must be primarily a lack of proper facilities for classification. In order to treat the insane with the largest amount of liberty and with the least amount of personal restraint, it is necessary that they should be classified according to their varying mental states. At the institution at Kalamazoo there exist twenty-seven different classifications; eleven for one sex, and sixteen for the other. At Pontiac there are twenty-six different classifications; thirteen for each sex. In no county institution would it be practicable to furnish more than three classifications, and in a majority there would probably be not more than one. To erect buildings which would furnish a proper amount of classification, would involve an expense in the aggregate far in excess of that of State asylums. The only substitute for this classification must be the strong room or the cell where the filthy, degraded, and violent must be locked up in seclusion, unprovided with means of amusement, without exercise, and without those surroundings which make life comfortable or even tolerable. There must also be necessarily a lack of care, of skilled attendants, and of suitable supervision. No county in caring for a dozen insane can afford a corps of skilled attendants, or resident medical supervision. The disturbing effect of the association of the insane with the legitimate occupants of the county-house must also not be lost sight of. A return to the county system will involve great hardships to the county superintendents of the poor, to the keepers of poor-houses, and their inmates. If insanity is a disease, it should be treated in hospitals especially designed for the care and treatment of that disease. If *proper* care is given to the insane in county-houses, it will involve greater expenditure than in the State asylum. If a saving of expense can only be secured through neglect and a deprivation of comfort, or a lack of skilled attendants, and personal care, it would seem unworthy a great State to seek to economize in this manner.

Others have proposed the erection of a separate asylum for the chronic insane, under State control. This would undoubtedly be better than county provision. At the same time it is impossible to say wherein any material saving would result from the erection of such an institution. Its original cost would not be far below the cost of an asylum for curative purposes. The expense of the care of patients might be somewhat less, but on the other hand the expense of caring for curable cases in the asylums would be increased. The aggregate expense of asylums for curable patients and a separate asylum for incurables with the cost of transferring patients from one to another would probably be about the same as at present. Every institution requires the stimulus of the presence of curable cases. The chronic insane are benefited by the coming of recent cases, and recent cases, on the other hand, by the presence of those who suffer from chronic forms of diseases. If another institution should be erected, it would be truer economy to use it also for the care of all classes of patients, both recent and chronic.

A more feasible means of relief would be the erection of supplementary buildings in connection with each one of the present asylums for the insane, for the care of selected patients, in good bodily health, who do not require

that constant supervision and care which are required by certain classes of the insane. The location of Traverse City would seem to indicate that this will be an unusually favorable place for the erection of several detached buildings for the accommodation of selected cases in connection with the building which is now in process of erection. Such buildings need not be expensive. The great bulk of patients occupying them could be cared for in dormitories, and a large degree of personal liberty could be afforded. Such patients would secure what they require to make them comfortable; namely, constant, responsible supervision on the part of persons who are thoroughly familiar with their necessities, and careful personal care from selected, well-trained attendants. Patients could be transferred from these detached buildings to the main Asylum whenever their condition required a different degree of care and a more constant supervision. Similar buildings on a smaller scale could also be erected in connection with the Asylums at Pontiac and at Kalamazoo—the number of patients already congregated there rendering extensive additions undesirable. It is my individual opinion that these supplementary buildings should accommodate patients of two classes. First and primarily cases, of chronic disease who have become thoroughly asylumized and who look upon the asylum as their home; patients who are interested in the daily employments of others and who are able to enjoy a certain amount of liberty. These buildings should be erected in blocks and should be without airing courts or strong rooms or expensive architectural arrangements. There should be one or two large central dining rooms to accommodate patients of each sex. Much of the labor of preparing food and care for the wards could be done by patients under the supervision of trained attendants. Work-shops could also be erected in close connection with the buildings designed for this class of patients. Their labor is much more valuable than the labor of any other class of the insane, and they can be trusted with simple tools with greater safety. The second class to be accommodated in detached buildings is convalescent patients. There should be erected in connection with each institution, two cottage buildings to be used as convalescent wards. They should be entirely detached from the regular building and patients should be sent there who are in a condition to appreciate and receive benefit from increased liberty. They should constitute half-way houses on the journey toward home and should be designed to prepare patients for restoration to the home circle. Buildings of the character mentioned can be operated in connection with the present asylum buildings at less proportionate cost than institutions for the chronic insane simply, and their working would be vastly more satisfactory. After a careful consideration of the subject, I am of the opinion that thirty percent of the inmates of our present asylums could be thus provided for. All classes of the chronic insane could not be cared for in this manner and no attempt should be made to take them from the central asylum building. The removal of this number of patients would leave the wards designed for the treatment of curable cases free to be used for that purpose. The experiment has been tried satisfactorily in a number of States, notably at Middletown, Connecticut, at London and Kingston, Ont., at the Government Asylum at Washington, and at the new Asylum at Kankakee, Illinois. The most satisfactory arrangement doubtless exists at Washington, where a building designed for 240 patients has been in operation for several years. At London, Ontario, out of a population of 900, about 360 are provided for in this manner. At Kankakee, Illinois, the institution admirably arranged in other respects, seems defective in that the central building designed for the curative

treatment and protective care of the insane, is not large enough to accommodate those who require the daily and hourly supervision of physicians, and the constant care of the attendants. The cottage buildings, so-called, are on an extensive scale, out of proportion to the central building, and the establishment lacks that unity and compactness which are so important to the successful administration of an institution of this character. An effort should be made in every asylum to furnish special care and oversight to chronic and curable cases alike, *wherever that special care is required*, and, on the other hand, a large amount of liberty wherever it can be safely given. If all our present institutions for the insane were arranged in the manner indicated, it is my opinion that the necessities of the State would be met for the next ten years. At the end of that time, another institution will undoubtedly be required. The population of the State will increase so that certain sections will not be well accommodated by the present institutions. In all plans for the future, it is the part of wisdom to bear in mind that the insane like the poor will always be with us.

Another method of relief would seem to be an enlargement of the scope of the Asylum at Ionia. In some respects it would be preferable to remove it in the future from Ionia altogether, and create at Lansing, or in some central portion of the State, easily accessible from all the asylums and prisons, an institution for the care of the dangerous insane, classing under this head the criminal insane, and all other insane persons who, by the development of dangerous impulses, require a greater restraint and a more rigid discipline. The non-criminal and the non-vicious insane are injured by close confinement and rigid restrictions. On the other hand, the insane from the criminal classes are benefited by a form of provision which resembles that of a prison. An incurable insane patient of the criminal or dangerous class, occupies during one year the room in an asylum of at least three curable patients. It is true economy to make special provision for this class.

Greater pains should also be taken to check the coming into Michigan of insane persons rightfully belonging to other States. In law, an insane person can neither gain nor lose a residence. If he comes into Michigan, he can never acquire a legal settlement in our borders, and he should immediately return to the community from whence he came. Under our present law, it is the duty of the Secretary of State to ascertain the residence of all insane persons destitute of legal settlement, and to return them to it. This provision of the law is a dead letter. The Secretary of State has no machinery with which to enforce it, and from the nature of his duties, there seems no propriety in devolving such duties upon him. This work should be placed upon an agent of the Board of Corrections and Charities, especially selected and appointed for the purpose. I am positive that within the past five years, fifty insane persons at least have been admitted to the Michigan asylums for the insane who had no legal settlement in the State, and no right to State or county support.

If it is true that insanity is increasing in Michigan out of proportion to the legitimate increase of population, in consequence of a lack of knowledge on the part of the public as to the correct modes of preserving mental health, and of preventing the developing of insanity, it seems all important that a systematic effort should be made to teach people how to avoid insanity. The marriage of persons who inherit a capacity for insanity, should be prohibited

by law. The marriage of inebriates should also be prohibited. Mental hygiene should be studied in our common schools, and every effort should be made to prevent persons predisposed to mental disease from developing it by wrong habits of living, by excesses, or by other morbid influences.

To recapitulate: I have in the above paper endeavored to show that the aggregate of insanity must increase in Michigan as long as the State increases in population, and that under our present system it will increase out of proportion to the increase of population. I have endeavored to show how this state of things should be met—not by the erection of county asylums for the insane, nor by building a separate asylum for the chronic insane, but by the erection of supplementary buildings in connection with each one of our present asylums for special classes of patients, by the erection of a similar new asylum whenever the growth of the State demands it; by enlarging the scope of the Asylum for insane criminals so that all insane persons of the dangerous class may be carefully and securely kept there; by preventing the importation of insane persons over the border from Canada, or from other States; and finally, by disseminating better knowledge as to the true methods of preserving mental health, and preventing insanity.

In conclusion, I would reiterate the conviction that it is the duty of the State to continue to care for her insane in the State asylums; that no consideration of false economy should prevent her from doing everything which can be done for the comfort and restoration of every insane person. If he requires the restraint and seclusion of an asylum for the dangerous insane, he should have it. If he requires curative treatment in a hospital, or suffers from a form of disease which calls for constant nursing, he should have that. If his welfare will be promoted by giving him labor, the liberty of home, and a manner of life nearly resembling that of a private family, he should receive them. No money should be *wasted* upon buildings, surroundings, or care. Sufficient, however, should be expended to render each unfortunate as comfortable as his condition will permit. Anything less than this is unworthy a great State like Michigan.



Aug 215